Let it GLOW
Father-Daughter Dance
Open to any kindergarten-4th grade girl and that special man in her life

FEBRUARY 16
6 P.M. – 8 P.M.
Dallmeyer Hall on the Fairgrounds
***listen to KCII 106.1 fm for any weather cancellations

This fun evening out for a young girl and special adult will include:
• A night of dancing and games in the GLOW
• Light refreshments
• Door prizes
• Fresh flower corsage
• GLOWing accessories for the night and to take home
• Digital images available from the photo booth with one keepsake print
• A night of memories with someone special

Pre-Registration Form due Feb 5
Return form to: Washington County Extension, 2223 250th St., Washington, IA 52353 (319-653-4811)
Enclose the correct registration fee with this form. Make checks payable to Washington County Extension.
No refunds will be given.

Please check the correct boxes below:

$20/couple ______ Let it Glow, 6 p.m.—8 p.m.
$10 ______ Hair Appointment You will be called with your finalized time. Please number your Top 3 choices.

___ 3 p.m. ___ 3:30 p.m. ___ 4 p.m. ___ 4:30 p.m. ___ 5 p.m. ___ 5:30 p.m.

Name: _____________________________ Grade: __________ Escort’s Name/relationship: _________________________
Address: __________________________ City: ______________ Zip: __________
Home Phone: _______________________ Cell Phone: _______________________
Family Email: ___________________________________________________________________________

Are you a current Clover Kid or 4-H Member?? (circle one): Yes No **membership is not required to participate

Allergies: __________________________________________
Does your child have any behavioral needs that we need to be aware for a positive experience?

Parent Permission
I hereby give permission for ___________________________ to attend this event sponsored by Washington County Extension. I understand that I will be notified if my child is not respecting others and in the event of severe weather I will pick my child up immediately. Extension staff/volunteers will supervise the event and provide necessary emergency care. If a serious illness or injury develops and medical and/or hospital care is necessary, I give permission for emergency treatment or surgery as recommended by the attending physician. Extension staff may photograph my child for media and website usage.

Parent’s Signature: __________________________

Extension programs are available to all without regard to race, color, national origin, religion, sex, age, or disability.